



Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 7803320
Procuring Entity PHILIPPINE RECLAMATION AUTHORITY
Title 220 sets COVID-19 CARE KITS
Area of Delivery Metro Manila

Solicitation Number: 21-06-0562	Status	Active
Trade Agreement: Implementing Rules and Regulations	Associated Components	2
Procurement Mode: Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification: Goods	Document Request List	6
Category: Drugs and Medicines	Date Published	29/06/2021
Approved Budget for the Contract: PHP 660,000.00	Last Updated / Time	29/06/2021 00:00 AM
Delivery Period: 20 Day/s	Closing Date / Time	02/07/2021 17:00 PM
Client Agency:		
Contact Person: Angela Rodrigo Project Management Officer B 7th Flr., Legaspi Tower 200, 107 Paseo de Roxas, Legaspi Village Makati City Metro Manila Philippines 1226 63-2-84595000 Ext.7203 bac@pea.gov.ph		

Description

QTY. UNIT DESCRIPTION
 220 sets COVID-19 CARE KITS
 Refer to SPECIFICATIONS form (page 2)
 Delivery period: 20 calendar days
 Approved Budget for the Contract:
 Php 660,000.00 ONLY

- DOCUMENTARY REQUIREMENTS (COMPLY ALL):
1. Accomplished Quotation Form and Specifications Form (SEE ATTACHED)
 2. PhilGEPS Registration Number
 3. Valid Business/ Mayor's Permit[1,2]
 4. Omnibus Sworn Statement[3]
 5. Secretary Certificate (for corporation or partnership)
 6. Latest Income/Business Tax Returns

Please use PDF (preferred) or IMAGE file extension for email submission.

Good day!

May we invite you to submit quotation for the above-mentioned requirements of Philippine Reclamation Authority (PRA).

PLEASE FILL UP THE ATTACHED FORMS and submit the same with the complete requirements indicated in the said form. You can send it to PRA Office or thru email (bac@pea.gov.ph) for the attention of BAC Secretariat. ONLINE SUBMISSION IS PREFERRED. Kindly check our website at <http://www.pea.gov.ph> for announcement of office hours during the community quarantine.

Quotation must be submitted on or before the quotation closing date as shown above. QUOTATION RECEIVED WITH INCOMPLETE REQUIREMENTS AND THOSE RECEIVED AFTER THE CLOSING DATE WILL NOT BE ACCEPTED.

You may write your queries and concerns to bac@pea.gov.ph.

Note:

[1]Valid PhilGEPS Certificate of Platinum Membership may be submitted in lieu of Mayor's Permit and PhilGEPS Registration Number.

[2]Expired Business/ Mayor's Permit with Official Receipt of renewal application may be submitted, subject to submission of current and valid Business/ Mayor's Permit after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

[3]Unnotarized Omnibus Sworn Statement (with Secretary Certificate for Corporations or Partnership) may be submitted, subject to submission of the notarized OSS after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	COVID-19 Care Kits	See technical specifications.	220	Set	660,000.00

Other Information

Please visit www.pea.gov.ph or message bac@pea.gov.ph if you can't download the Associated Components.

Created by Angela Rodrigo

Date Created 28/06/2021

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.



Philippine Reclamation Authority (PRA)

7th. Floor, Legaspi Towers 200, 107 Paseo de Roxas, Makati City
Tel. No. 459-5000 loc. 7203

QUOTATION FORM

Date

SUPPLIER: _____

PhilGEPS Registry No. _____

ADDRESS: _____

TIN. NO.: _____

TEL. NO.: _____

WEBSITE: _____

E-MAIL: _____

INSTRUCTIONS:

1. Fill in all the blanks and place checkmarks on applicable boxes.
2. Quote your lowest net government price(s), taxes included, F. O. B. destination, for the item(s)/service(s) listed hereunder, indicating the shortest time of delivery and furnishing this Office with descriptive brochures, catalogues (if available), and/or samples (if required).
3. Indicate the brand name of the offered item/s and delivery charges (if applicable).
4. In case you are the **EXCLUSIVE MANUFACTURER, DISTRIBUTOR OR AGENT IN THE PHILIPPINES**, attach appropriate documents to the said effect.
5. E-mail duly accomplished form to bac@pea.gov.ph or submit said form to PRA Office (BAC Secretariat). **ONLINE SUBMISSION IS PREFERRED.**

NO.	QTY.	UNIT	DESCRIPTION	BRAND NAME (If Applicable)	UNIT PRICE *	TOTAL AMOUNT *
1.	220	sets	COVID-19 CARE KITS			
			Refer to SPECIFICATIONS form (page 2)			
			Delivery period: 20 calendar days			
			Approved Budget for the Contract: Php 660,000.00 ONLY			

- Note: Amount shall be inclusive of taxes and delivery charges (if applicable).

Terms and Conditions (FILL-OUT AND COMPLY REQUIREMENTS):

1. Payment shall be in the form of **Company Check** and price validity shall be **30 calendar days**.
2. Availability of item/s: Delivery Pick-up within ____ calendar days (c.d.) upon receipt of Purchase Order (P.O.).
3. Warranty period: Not Applicable Applicable warranty period shall be _____.
4. Indicate if quotation is: VAT inclusive Non-VAT (**attach certification**).
5. **Supplier/s must submit a copy of the following documents per 2016 Revised IRR of R.A. 9184:**
 - Valid PhilGEPS Registration Number
 - Mayor's/Business Permit^{1,2}
 - Latest Income/Business Tax Returns
 - Omnibus Sworn Statement (include Secretary Certificate for partnership or corporation)³
6. Suppliers must download the attached document of a bid before the closing date to be included in the Document Request List (DRL). Suppliers must be registered in PhilGEPS.
7. By submitting this quotation, supplier is authorizing PRA to deduct the following from the total amount as payment for taxes:

	VAT Taxpayer	Non-VAT Taxpayer
Expanded Withholding TAX	2%	2%
Gross Money Payment	5%	3%
TOTAL	7%	5%

QUOTED BY:

Signature

Printed Name

Position

¹ Valid PhilGEPS Certificate of Platinum Membership may be submitted in lieu of Mayor's Permit and PhilGEPS Registration No.
² Expired Business/ Mayor's Permit with Official Receipt of renewal application may be submitted, subject to submission of current and valid Business/ Mayor's Permit after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

³ Unnotarized Omnibus Sworn Statement (with Secretary Certificate for Corporations or Partnership) may be submitted, subject to submission of the notarized OSS after award of contract but before payment (GPPB Resolution No. 09-2020 dated 07 May 2020).

TECHNICAL SPECIFICATIONS

PROJECT: 220 sets COVID-19 CARE KITS

APPROVED BUDGET FOR THE CONTRACT (ABC): PHP 660,000.00 ONLY

Item	Technical Specifications	Comply/Not Comply/Remarks
Thermometer (Digital)	<ul style="list-style-type: none"> ➤ branded ➤ Power Consumption: 0.1Mw ➤ Sensing Unit: Thermistor ➤ Temperature Display: 3-digit, +°C (°F) display in 0.1 degree increments ➤ Measurement Accuracy: <ul style="list-style-type: none"> ± 0.1°C (32.0 to 42.0°C) ± 0.2°F (89.6 to 107.6°F) (when measured at a standard room temperature of 23°C (73.4°F) in a test tank held at constant temperature ➤ Measurement Range: 32.0 to 42.0°C (89.6 to 107.6°F) ➤ Usage Environment Temp and Humidity: Surrounding temperature +10 to +40°C (+50 to +104°F), Relative Humidity 30-85%RH ➤ Storage Environment Temp and Humidity: Surrounding temperature -20 to +60°C (-4 to +140°F), Relative Humidity 10-95%RH ➤ with battery installed ➤ with warranty replacement 	
Pulse Oximeter	<ul style="list-style-type: none"> ➤ branded ➤ Measures oxygen level ➤ Measures Pulse rate ➤ Full-color display ➤ 360-degree rotatable view ➤ with 2 (AAA batteries) ➤ with warranty replacement 	
Multivitamins	<ul style="list-style-type: none"> ➤ branded ➤ film coated tablet ➤ for prevention and treatment of vitamin and mineral deficiencies. ➤ contains: Vitamin A , Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B5, Vitamin B6, Vitamin B7, Vitamin B9, Vitamin B12, Vitamin C, Vitamin D3, Vitamin E, Vitamin K1, Calcium, Chromium, Copper, Iodine, Iron, Lutein, Lycopene, Magnesium, Manganese, Phosphorus, Potassium, Selenium, Zinc. ➤ 30 tablets/capsules ➤ FDA approved 	
Vitamin C with Zinc	<ul style="list-style-type: none"> ➤ Branded ➤ film-coated tablet/capsule ➤ contains Sodium Ascorbate, Zinc Sulfate Monohydrate ➤ 30 tablets/capsules ➤ FDA approved 	
Vitamin D	<ul style="list-style-type: none"> ➤ branded ➤ Soft gel capsule ➤ contains colecalciferol (Vitamin D3) ➤ 30 tablets/capsules ➤ FDA approved 	
Electrolyte Drink	<ul style="list-style-type: none"> ➤ branded ➤ Oral rehydration solution for prevention and treatment of dehydration ➤ bottle, 1 liter ➤ FDA approved 	
Paracetamol + Ibuprofen	<ul style="list-style-type: none"> ➤ branded ➤ coated tablet/capsule ➤ pain reliever/fever reducer 	

	<ul style="list-style-type: none"> ➤ contains paracetamol and ibuprofen. ➤ 30 tablets/capsules ➤ FDA approved 	
Cough Medicine	<ul style="list-style-type: none"> ➤ branded ➤ hard gelatin capsule ➤ contains carbocisteine ➤ 30 capsules ➤ FDA approved 	
Nasal Spray	<ul style="list-style-type: none"> ➤ branded ➤ contains salt solution, carragelese (carrageenan) ➤ eliminate common cold and flu viruses ➤ reduces chances of relapse of cold and flu-like symptoms ➤ steroid free and drug free ➤ bottle, 20ml ➤ FDA approved 	
Gargle Solution	<ul style="list-style-type: none"> ➤ branded ➤ kills germ causing sore throat ➤ gargle or oral solution ➤ for relief of dryness or minor irritation or infection of mouth and throat ➤ contains active povidone iodine or hexetidine or chlorhexidine gluconate ➤ bottle, 380ml to 500ml ➤ FDA approved 	
The above items must be placed in a plastic pouch or bag with zipper and strap.		

NOTE:

- Supplier must be ready to provide proof of compliance (pictures, brochure, certification, etc.) and sample when required by the BAC for evaluation purposes.

SIGNED:

Signature**Printed Name****Position**

For inquiries on technical specifications, contact:

Ms. Rosalie N. Timoteo
Human Resource Management Officer IV
(02) 8459-5000